12-11-

OIPE 10 2012

PTO/SB/83 (QEV)
Approved for use through 10/31/2002, OMB 0851-1865
U.S. Patent and Tredsmark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of Information unless it displays a valid OMB control number

Application Number 09/651170

Filling Date 8/30/2000

First Named Inventor Montgomery

Group Art Unit 1614

Examiner Name Shep Rose

Attorney Docket Number 12080-4

## REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT

To: Assistant Commissioner for Patents Washington, DC 20231

I hereby apply to withdraw as attorney or agent for the above identified patent application.

The reasons for this request are:

Petitioner's client has failed to pay one or more bills rendered by the practitioner for an unreasonable period of time or has failed to honor an agreement to pay a retainer in advance of the performance of legal services.

1.   The correspondent	ce address is NOT affected by this with	hdrawal.			
	spondence address and direct all future				
	CORRESPONDENCE ADDRESS				
Customer Number	Place Customer Number Bar Code Label here				
OR			Dai	JOUG LADE	11 11010
X Firm or Individual Name	John L. Reed				•
Address	BriteSmile, Inc.				
Address	490 North Wiget Lane				
City	Walnut Creek	State	CA	ZíP	94598
Country	USA	*	·•	<u> </u>	
Telephone	(925) 279-2860	Fax (925) 941-6266			
This request is made on behalf of myself and all the attorneys/agents of record, the attorneys/agents (with registration numbers) listed on the attached paper(s), or the attorneys/agents associated with Customer Number 23719  This request is enclosed in triplicate (including any attachments).					
Name Joh	John J. Santalone, Esq./				
Signature John Aanta bree					
Date 10 December 2002					
NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.					

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents. Washington, DC 20231.

Certificate of Mailing Under 37 C.F.R. 1,10

I hereby declare that this correspondence is being deposited with the United States Postal Service via Express Mail Label No. EV035750146 VS in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C.

Date: 12/10/2002 Name: OSCAY (5D) Nosa

Million // pluson 5/16, 12/6/00 2/6/83 # 15